

Middle cerebral artery aneurysm epidemiology

- The role of systemic inflammation in the formation and rupture of intracranial aneurysms in moyamoya disease: a retrospective cohort study
 - A Review of Sports-Related, Life-Threatening Injuries Presenting to Emergency Departments, 2009-18
 - Association between triglyceride-glucose index and intracranial aneurysm rupture: findings from a retrospective study
 - External Validation of the ARISE Prediction Models for Aneurysmal Rebleeding After Aneurysmal Subarachnoid Hemorrhage
 - Factors related to the prognosis of patients with cerebral aneurysms undergoing microsurgical treatment
 - Outcomes following repair of acute type A aortic dissection in patients with cerebral malperfusion
 - Complexity index of microsurgical treatment of unruptured cerebral aneurysms
 - Risk factors for preoperative anxiety and depression in patients with unruptured intracranial aneurysms scheduled for endovascular embolization
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Middle cerebral artery aneurysms, represent almost a third of all the [intracranial aneurysms](#) of the [anterior circulation aneurysms](#). 18-40% of all [intracranial aneurysms](#)¹⁾.

Among them, those located at [M1 segment of the middle cerebral artery](#) (from its origin up to the bifurcation) range between 2% and 7% of all the aneurysms.

Most MCA aneurysms have been found at the division of the M1-M2 junction due to hemodynamic stress or congenital factors²⁾.

Only in 1.1-1.7% of cases they are located in the distal segment^{3) 4) 5)}.

The majority of distal MCA aneurysms are located at the M2 or M3 segments⁶⁾.

References

¹⁾ [5\)](#)

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Last update: **2024/06/07 02:51**

